

T.E.A.C.H. Early Childhood® Alabama
Associate Degree Scholarship Application for
Family Child Care Home Providers

GENERAL INFORMATION:

Social Security Number: _____ - _____ - _____ Date: _____

Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: Home: (____) _____ Cell: (____) _____ Work: (____) _____

Email Address: _____

Date of Birth (mm/dd/yyyy): ____/____/____ Gender: Female Male

FAMILY STRUCTURE:

Including *yourself*, how many family members live in your household: _____

- Family Type: Single, no children Married, no children
 Single parent Married parent

EMPLOYMENT STATUS:

What is your current job title?

- Teacher Administrator Non-Teaching Professional Staff
 Assistant Teacher Family Based Professional Non-Teaching Support Staff

What age groups do you teach? (Please check all that apply)

- Infants (0-12 months) Preschool (37 Months-Pre-K)
 Toddlers (13-36 Months) School Age

How long have you worked in the field of early childhood?

- Less than 2 Years 6-10 Years
 2-5 Years 10+ Years

How many children are in your classroom or child care home? _____

How many hours per week do you work? _____

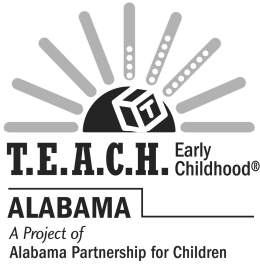
How many months per year do you work? _____

Beginning date of employment at your current facility? _____

What is your current hourly wage? _____

Is your center an Alabama First Class Pre-K site? _____

Are you a teacher in an Alabama First Class Pre-K classroom? _____



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ETHNICITY:

Are you of Hispanic, Latino or Spanish origin?

- | | |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano | <input type="checkbox"/> Other Hispanic, Latino or Spanish |
| <input type="checkbox"/> Yes, Puerto Rican | |

Do you consider yourself...?

- | | | |
|---|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian:
_____ |
| <input type="checkbox"/> Black, African American | <input type="checkbox"/> Korean | <input type="checkbox"/> Other Pacific Islanders:
_____ |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Race:
_____ |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan | |

How did you hear about the T.E.A.C.H. Early Childhood® Project?

- | | | |
|---|---|---|
| <input type="checkbox"/> Presentation | <input type="checkbox"/> College | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> My Center Director | <input type="checkbox"/> Website |
| <input type="checkbox"/> CCR & R Agency | <input type="checkbox"/> T.E.A.C.H. Recipient | <input type="checkbox"/> Other (please specify):
_____ |

Please check the box that best describes your educational history:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> No high school diploma | <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Masters |
| <input type="checkbox"/> High school diploma/GED | Major: _____ | Major: _____ |
| <input type="checkbox"/> 1-year certificate | <input type="checkbox"/> Bachelor Degree | <input type="checkbox"/> Doctorate |
| | Major: _____ | Major: _____ |

Please check one that best describes your educational goals:

- Earn an Early Childhood or School-Age Credential
- Take a few Early Childhood courses to obtain or upgrade job-related skills
- Take Early Childhood courses to complete credit hours for a CDA Credential
- Earn an Early Childhood, Infant/Toddler or School-Age Certificate
- Earn an Early Childhood Associate Degree
- Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor's Degree

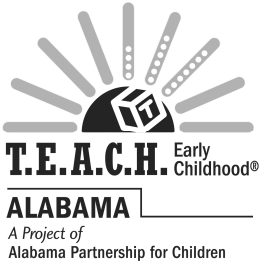
Are you currently enrolled at a community college? Yes No

If yes, what is your major?

When would you like your scholarship to begin? (circle one)

FALL SPRING SUMMER _____ (year)

Which community college would you like to attend?



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What are your professional goals in Early Childhood Education? Describe how a degree will help you achieve these goals. Be sure to include your long term career goals.

Is there anything else about yourself that you would like us to consider while reviewing your application?

STATEMENT OF INCOME:

Job #1: Employer _____
Hours/Week _____ Earnings _____ per _____

Job #2: Employer _____
Hours/Week _____ Earnings _____ per _____

Have you applied for any other financial aid (such as Pell Grants, Leadership Scholarship or student loans?)

Yes No

Source of financial aid #1: _____

Date of application: _____
Application Status: AWARDED DENIED PENDING

Source of financial aid #2: _____

Date of application: _____
Application Status: AWARDED DENIED PENDING

YOUR TOTAL INCOME \$ _____

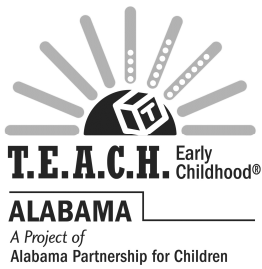
YOUR TOTAL FAMILY INCOME (your spouse included) \$ _____

Statement and Signature of Applicant

I attest to the fact that the information that I have provided is true and accurate. Based on this information I am applying to Alabama Partnership for Children for a scholarship to help pay the cost of educational expenses.

Signature of Applicant

Date



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Family Child Care Home Provider Income Worksheet

Instructions: This sheet is to help you determine your monthly earnings from your child care center/family child care home. For each question, uses the amount you made or spent last month. Special instructions are in italics.

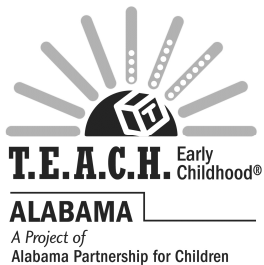
Remember, you must include income verification such as copies of receipts for each of the children you take care of or a statement detailing your weekly rate and number of children you care for.

1. What is the total amount paid to you by parents each week? _____
2. Total monthly parent fees—weekly fees x 4.33 (weeks per month) _____
3. How much was your Child & Adult Care Food Program Reimbursement? (*Attach copy of check stub*) _____
4. How much was your Department of Human Resources or Child Care Management Agency subsidy for children in your care? (*Attach copy of check stub*) _____
5. **Total monthly revenue (add lines 2, 3, and 4)** _____

How much did you spend for children in your child care center/family child care home last month on:

6. Food _____
7. Toys _____
8. Assistant/Substitute Care _____
9. Crafts/Supplies _____
10. Transportation (\$0.25/mile) _____
11. Training Fees _____
12. Gifts for Children/Families _____
13. Other (Specify): _____
14. **Total monthly expenses (add lines 6-13)** _____

_____	—	_____	=	_____
Revenue (line 5)	minus	Expenses (line 14)	equals	Monthly Earnings



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Family Child Care Home Participation Agreement

(This agreement must be completed in order to process application)

The Child Care Associate Degree Scholarship Program offered through the Alabama Partnership for Children requires the participation of each scholarship recipient's employing child care center.

In the event that I am awarded a scholarship, I agree to the following participation requirements:

1. Pay 20% of the cost of tuition and books for courses totaling 9-15 credit hours at a local community college.
2. Complete 9-15 credit hours in Early Childhood Education during a 12 month period.
3. Continue the operation of my family child care home for one year after completion of the course requirements.

Dept. of Human Resources License #: _____ County: _____

Center/Home Name: _____

Director's Name: _____ Email: _____

Location Address:

Mailing Address:

_____ zip _____

_____ zip _____

Phone (____) _____

_____ zip _____

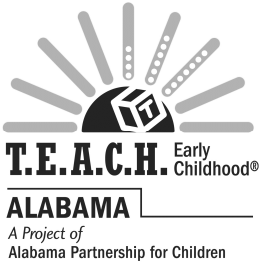
Fax (____) _____

Please print name of director or chairperson/owner: _____

Signature of director or chairperson/owner: _____

Date: _____

PLEASE ATTACH A COPY OF YOUR CURRENT DHR LICENSE HERE



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To be completed by Center Director or Chairperson/Owner:

FOR ALL PROGRAMS:

Type: Center Family Home Family Group Home

Center Auspices: Profit Nonprofit Head Start
 Religious/Church Public School

Number of children licensed/registered to care for: _____ **Number currently enrolled:** _____

Is your center accredited? Yes No

If yes, by whom? _____

Please check all forms of funding your facility receives:

- | | |
|---|---|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Title I |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> IDEA |
| <input type="checkbox"/> State Head Start | <input type="checkbox"/> State Subsidies: Contracts |
| <input type="checkbox"/> State Pre-K | <input type="checkbox"/> State Subsidies: Vouchers |

FOR HEAD START OR MULTI-SITE PROGRAMS:

Is this child care program owned or managed by another organization? Yes No

If yes, give the parent company name/address:

Parent Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Return this application with income verification and DHR license to:

T.E.A.C.H. Early Childhood® ALABAMA
2595 Bell Road
Montgomery, Alabama 36117

If you have any questions, please call 1-866-711-4025 (toll-free) or 334-271-0304.
www.SmartStartAlabama.org